# Letter to the Editor about "Treatment of congenital anomalies in a missionary hospital in Bangladesh: result of 17 paediatric surgical missions"

*C. Del Rossi, S. Fontechiari, E. Casolari, V. Fainardi, F. Caravaggi, L. Lombardi. Treatment of congenital anomalies in a missionary hospital in Bangladesh: result of 17 paediatric surgical missions. Acta Biomed 2008; 79 (3): 260-3.*

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Sir,

The authors have published several articles on their same type of experiences in Bangladesh in many international journals like Pediatric Surgery International (1), J Urology (2, 3) etc and recently in your journal. They have mentioned that the major cause of death in neonates in Bangladesh is Tetanus due to local practice of placing cow manure on newborn umbilical stump. He has cited a 23 year-old reference (4). But it is a history now. The incidence of Tetanus Neonatorum has become dramatically low for many years due to extensive health education & maternal vaccination.

Though authors wanted to discuss their experience on treating congenital diseases, a significant number of acquired conditions like burns, urethral injury, tumours etc. have been irrelevantly discussed. Four out of the 6 deaths in the study were due to non congenital disease. The result has been described only in the rate of infection & mortality. As a pediatric surgeon I naturally like to know more in details. What was the rate of Urethro cutaneous fistula in Hypospadias surgery? How many of them was continent after that 48 Epispadias surgery? What was the rate of palatonasal fistula and what was the quality of speech after palatoplasty? What was the quality of life after ARM or Hirschsprung's Disease surgeries? What operation have they carried out in Hirschsprung's Disease? How could they do it without the help of any Rectal Biopsy? How many of them had what type of complications etc.

By reading the article, anybody can guess the gloomy picture of the health service (specially the Pediatric Surgical service) in Bangladesh. According to it, Pediatric Surgery is not developed yet in Bangladesh and there is no treatment of important malformations like ano-rectal, intestinal, urological and genital malformation. Patients have to travel to Kolkata, India and have to spend a lot of money or they have to wait for the missionary group to rescue them. But the missionaries always work in the remotest areas of the world. So, our friends did not have any opportunity to communicate to the main stream health personnel of the country. They had no idea about what is going on in the rest of the country, which is unfortunate.

We have our own pediatric surgeons in Bangladesh since 1979. The Association of Pediatric Surgeons of Bangladesh (APSB) (5) has been established in 1993. More then 15 hospitals are giving tertiary level Pediatric Surgical service & 6 institutes are offering post graduate degree on Pediatric Surgery. Our specialists are working in the USA, Australia, Middle

East etc. with name and fame. There are other hundreds of small clinics which are providing such services for years. World famous Pediatric Surgeons visit Bangladesh regularly as resource persons on various National & International seminars & workshops (not as a missionary). We are doing almost all types of Pediatric Surgery including Pediatric Laparoscopic Surgeries.

It is true that we might not still cover every corner of the country. A lot of patients might travel to India from Khulna as it is a border town adjacent to India (medical tourism). By this does not mean that the service is not available in the rest of the country. It is also not true that our entire patients wait for the missionaries to come and to save them. We are almost enough to take care of our children with congenital abnormalities. Lastly, I must say that doing good job does not mean to undermine the achievements of the others.

## References

1. Del Rossi C, Cerasoli G, Ghinelli C. Pediatric surgical mission in Bangladesh. *Ped Surg Int* 1996; 11: 570.
2. Del Rossi C, Attanasio A, Domenichelli V, De Castro R. Treatment of the Mayer-Rokitansky-kuster-Hauser syndrome in Bangladesh: results of 10 total vaginal replacements with sigmoid colon at a missionary hospital. *J Urol* 1999; 162: 1138-40.
3. Del Rossi C, Attanasio A, Del Curto S, D'Agostino S, Del Castro R.Treatment of vaginal atresia at a missionary hospital in Bangladesh: results and follow up of 20 cases. *J Urol* 2003; 170: 864-6.
4. Bagwell C, Shandling B. Pediatric Surgery in Bangladesh. *J Ped Surg* 1986; 21: 789-91.
5. www.apsb-bd.org

Accepted: November 13th 2009
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